SEP.28.2	006 6:12PM	SQUARE D LEG		3 FT 7000 . W	NO.514	P.1
PE HAPON			B - FEE(S) TRANS			(/
SB 20			P. Al or <u>Fax</u> (5'	O. Box 1450 exandria, Virgini: 71)-273-2885	22313-1450	V
NSTRUCTIONS: This opening the indicated waters correct maintenance fee notific	t form should be used correspondence including the following directed of the corresponding to	for transmitting the ISS ng the Patent, advance herwise in Block 1, by	TIE FEE and PUBLICAT orders and notification of (a) specifying a new corre	TON PEE (if required maintenance fees will spondonce address; an). Blocks 1 through 5 be mailed to the curren d/or (b) indicating a ser	should be completed where t correspondence address as mate "FEE ADDRESS" for
CURRENT CORRESPONT 23569		lock 1 for any change of address	No Fee Pap hav	te: A certificate of mai e(s) Transmittal. This co ers. Each additional pa re its own certificate of	ling can only be used for prificate carmed be used per, such as an assignment mailing or transmission.	or domestic mailings of the for any other accompanying ear or formal drawing, must
SQUARE D C LEGAL DEPAI 1415 SOUTH R	OMPANY RTMENT - I.P. GR OSELLE ROAD			Certific	nte of Malling or Trans	
/29/2B&L&HEBHH11P	0000038 193875 1	0615040	L	Danlene Rer	tschler	(Depocharic punic)
	.00 DA		<u>_</u>	Warlan 1	Justoch	(Styputure)
	.00 DA			28 Sup 1	26	(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	AT	TORNEY DOCKET NO.	CONFIRMATION NO.
10/615,040 TITLE OF INVENTION	07/08/2003		David W. Barenz	CRC	160/47181-00280tJSPT	3922
Appln, Type	SMALL FINTITY	18SUB FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	10/18/2006
FXAMINER A		ART UNIT	CLASS-SUPCLASS]		
WILLOUGHHY, TERRENCE RONIQUE 2836			361-093100	•		
1. Change of corresponde CFR 1,363). Change of corresponded correspon	ondonce address (or Char V122) stacked.	igo of Correspondence		3 registered patent and		
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Nov 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON 1			(2) the name of a single registered attorney or a 2 registered patent and listed, no name will be		up to	
PLEASE NOTE: Uni- recordation as set forth (A) NAME OF ASSIC	988 on upsignoo is identi n in 37 CFR 3.11. Comp NDB	TO BB PRINTED ON T fied below, no assigned letion of this form is NO	data will appear on the pr Ta substitute for filing an (B) RESIDENCE: (CITY	ntent. If an assignee is assignment. and STATE OR COUN	identified bolow, the de	ocument has been filed for
Square D	Company		Palatine,	IL		
Please check the appropri	ate assignee category or	calegories (will not be pr	inted on the patent):	Individual 🔀 Corpore	ition or other private gro	up entity Government
43. The following fco(s) are submitted: 4b. Payment of Fcc(s): (Please first reapply any proviously paid issue fee shown above) A check is enclosed						
	of Copies3	ermitted)	☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is agached. ☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number			
5. Chapge in Entity State	15 (from status indicated SMALL ENTITY stages	above) , See 37 CFR 1.27.	b. Applicant is no long			

09,

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB commol number.